

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537390

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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20						
21						
22						
23						
24	1		1			
25		1				
26	2					
27		1				
28	2					
29						
30						
31						
32	1		1			
33						
34	1		1			
35						
36	2		2			
37		2	2			
38						
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43						
44						
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46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			36			
TOTAL CLAIMS			40			

BEST AVAILABLE COPY

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						